



State of California – The Natural Resources Agency
DEPARTMENT OF PARKS AND RECREATION

Per Capita Project Application Form

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| PROJECT NAME | REQUESTED GRANT AMOUNT \$ |
| PROJECT SITE NAME and PHYSICAL ADDRESS where PROJECT is located including zip code (substitute latitude and longitude where no street address is available) | MATCH AMOUNT (if project is not serving a severely disadvantaged community) \$ |
| | LAND TENURE (<input checked="" type="checkbox"/> all that apply) Owned in fee simple by GRANTEE Available (or will be available) under a () year lease or easement |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|
| NEAREST CROSS STREET | | |
| Project Type (Check one) Acquisition | | Development |
| COUNTY OF PROJECT LOCATION | | |
| GRANTEE NAME AND MAILING ADDRESS | | |
| AUTHORIZED REPRESENTATIVE AS SHOWN IN RESOLUTION | | |
| Name (typed or printed) and Title | Email address | Phone |
| GRANT CONTACT-For administration of grant (if different from AUTHORIZED REPRESENTATIVE) | | |
| Name (typed or printed) and Title | Email address | Phone |
| GRANT SCOPE: I represent and warrant that this APPLICATION PACKET describes the intended use of the requested GRANT to complete the items listed in the attached Development PROJECT Scope/Cost Estimate Form or acquisition documentation. I declare under penalty of perjury, under the laws of the State of California, that the information contained in this APPLICATION PACKET, including required attachments, is accurate. | | |
| Signature of AUTHORIZED REPRESENTATIVE as shown in Resolution | | Date |
| Print Name: | | |
| Title: | | |